

FORM AU-741b

Motor Vehicle Fuels Tax Refund Claim

DIESEL-COMMUTER VANS

(Rev. 8/99)

INSTRUCTIONS

1. For additional instructions and information see reverse side.
2. Mail original to the Department of Revenue Services at the above address.
3. **REFUND CLAIMS MUST BE FILED BY MAY 31, 2000**, for fuel used during calendar year 1999.

| | | | | | | |
|---|-------------------------|--|-------|--------------------------------|--|--------------|
| CT Tax Registration Number / Social Security Number | | Telephone Number () | | FOR DEPARTMENT USE ONLY | | Audit Number |
| Name of Claimant (<i>Type or print</i>) | | | | Claim Number | | |
| Number and Street | | | | Refund Gallons | | |
| City or Town | | State | ZIP+4 | Refund Tax \$ | | |
| Type of Business | | Location of Records (<i>if different from above</i>) | | Reviewed By | | Date |
| Prior Claim Filed for Period Ending / / | Period of Claim From | | To | Approved By | | Date |

| Motor Fuel Purchased | | | | | | |
|--|--|----------------|-----------------------------|------|----------------|-----------------------------|
| SCHEDULE A | Date | Purchased From | Number of Diesel Gallons | Date | Purchased From | Number of Diesel Gallons |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total Number of Gallons Purchased | | | | | | |
| SCHEDULE B | Odometer reading at end of period | | | | | |
| | Odometer reading at start of period | | | | | |
| | Total mileage for period | | | | | |
| COMPUTATION | 1. Total miles for period (Schedule B) | | | | | |
| | 2. Total gallons for period (Enter the total number of diesel gallons from Schedule A) | | | | | |
| | 3. Average miles per gallon (Divide Line 1 by Line 2) | | | | | |
| | 4. Total Connecticut miles to and from work for period | | | | | |
| | 5. Refund gallons (Divide Line 4 by Line 3) | | | | | |
| | 6. Tax refund (Multiply Line 5 by .18 per gallon) | | | | \$ | |
| I declare under the penalty of false statement that I have examined this claim, Form AU-741b , and, to the best of my knowledge and belief, it is true, complete and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.) | | | | | | |
| Signature | | | Title | | Date | |
| Print Name | | | | | | |

Instructions

Your motor vehicle fuels tax refund claim for fuel used during calendar year 1999 must:

1. Be filed with the Department of Revenue Services on or before May 31, 2000; **AND**
2. Include at least 200 gallons of fuel eligible for tax refund.

Be sure to provide a telephone number where you can be contacted.

You must indicate your Connecticut tax registration number or Social Security Number in the space provided.

For all purchases reported on Line 2, you must attach a copy of each numbered slip or invoice that was issued at the time of the purchase. The slip or invoice may be the original or a photocopy and must include the:

- Date of purchase;
- Name and address of the seller (which must be printed or rubber stamped on the slip or invoice);
- Name and address of the purchaser (which must be the name and address of the person or entity filing the claim for refund);
- Number of gallons of fuel being purchased; and
- Price per gallon
- Total paid.

You must maintain records that substantiate your refund claim for at least three years following the filing of the claim and make them available to the Department of Revenue Services upon request.

Additional Information

If you need additional information or assistance, please call the Excise/Public Services Taxes Unit at **860-541-3225**, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m.

YOUR REFUND WILL BE APPLIED AGAINST ANY OUTSTANDING DEPARTMENT OF REVENUE SERVICES TAX LIABILITY.